

Injectable

## 2014-2015 SEASONAL INFLUENZA VACCINE CONSENT FORM

Information collected on this form will be used to document permission for your child to receive the 2014-2015 seasonal influenza vaccine. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care provider directly involved with your child's care.

Student's Name (Last, First, Middle initial)		Gender ____ Male ____ Female
Birthdate Month ____ Day ____ Year ____ Age ____	Parent/Guardian's Name	Telephone Number
Address	P.O. Box	City
County		State
Zip Code		
Okay to share immunization data with the Wisconsin Immunization Registry (WIR)?    Yes    No		

### Please answer the following questions (Circle Yes or No):

1. Is the person to be vaccinated sick today	YES	NO
2. Does your child have a serious allergy to eggs?	YES	NO
3. Has your child ever had a serious reaction or allergic response to past flu vaccinations?	YES	NO
4. Has your child ever had Guillain Barré syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	YES	NO

### CONSENT FOR CHILDD'S VACCINATION:

I have read, or have had explained to me, the Vaccine Information Statement (VIS) for the 2014-2015 seasonal influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to the child named above for whom I am authorized to make this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Form reviewed by \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE

**VIS date: 7/26/14**

2014-2015 Seasonal Flu: Route (circle one) =IM Body site (circle one) = RD or LD Dose (circle one) 1 or 2  
RV or LV

Lot No: (.25) U499CA

Manufacturer Sanofi Pasteur Lot No: (.5) U1191AA

Signature and title of person administering vaccine: \_\_\_\_\_ Date \_\_\_\_\_